

APPLICATION FOR EMPLOYMENT

Valencia Regional Emergency Communications Center
P.O. Box 1209 Los Lunas NM 87031
660 Main St.
505-865-2039
505-352-3586 Fax

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address		Number	Street
City		State	Zip Code
Telephone Number(s)		Social Security Number (Voluntary)	

Best time to contact you at home is: _____ : _____ AM
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

..... If Yes, give date _____

Have you ever been employed with us before?..... ☐ Yes ☐ No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. ☐ Yes ☐ No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: ☐ Full-Time (please indicate 1 2 3 shift)

☐ Part-Time (please indicate Mornings Afternoon Evenings)

☐ Temporary (please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: _____

POSITION: _____

DATE: _____

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

4.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

Employed ☐ Yes ☐ No Date of Employment _____

INTERVIEWER

DATE

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ☐ YES ☐ NO

REFERENCES

1.

(Name)

()

Phone #

(Address)

2.

(Name)

()

Phone #

(Address)

Position(s) Considered For:

Date _____

POSITION: _____

DATE: _____ / _____

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PO BOX 1209 – 660 MAIN ST. NW
LOS LUNAS, NEW MEXICO 87031
505-865-2039 – 505-352-3586Fax

Shirley Valdez, 911 Director

Phone: 352-7640 Fax 352-3586

Valencia Regional Communications Center Additional Applicant Information

Applicant Name _____ Date of Birth _____

Height _____ Weight: _____ Hair color: _____ Eye color: _____

Driver's License number: _____ State: _____

Current mailing address: _____
City/State/Zip

Current physical address: _____
City/State/Zip

If you have resided at the current physical address less than two years, list the previous addresses where you reside prior to your present address within the last 2 years:

1. _____
2. _____
3. _____
4. _____

Have you ever been convicted of a Felony? _____ yes _____ no

If yes, please explain: _____

Have you ever been convicted of a misdemeanor? _____ yes _____ no

If yes, please explain: _____

Applicant's Signature

Date:

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Shirley Valdez, 911 Director

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, hereby certify that I understand and agree that a thorough investigation will be conducted into my background to determine my qualifications and ability to serve as an employee with the Valencia Regional Emergency Communications Center, Los Lunas, New Mexico.

_____ (initial)

I further understand and agree that this information is confidential and the Valencia Regional Communications Center cannot reveal or release anything to me that is discovered during the course of this investigation, or cannot reveal to me the reason (s) for my disqualification for employment with the center.

_____ (initial)

I hereby agree to indemnify and hold harmless the Village of Los Lunas and Valencia Regional Emergency Communications Center and any employees or agents against liability, damage and/or charge as a result of this investigation. I further agree to release from liability, damage, and/or charge any person, company, corporation, or other government agency, which may supply information to the Valencia Regional Communications Center concerning my background.

_____ (initial)

I voluntarily give the Valencia Regional Communications Center the right to conduct a thorough investigation into my background and authorize and consent to the release of any and all information pertaining to my current and past employment, personal history, academic records, military records, credit history, and any other records or information deemed necessary to the investigation of my background, whether of a confidential nature or not.

_____ (initial)

NAME (print)	Date of Birth	Social Security No:	SIGNATURE

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public _____.

My Commission expires: _____.